Fill in	this information	on to identify your case:				irected in this form and	in Form
Debte	or 1 <b>An</b>	drew David Johnston		12	2A-1Supp:		
Debte	or 2				☐ 1. There is no pres	umption of abuse	
(Spous	e, if filing)				 ☑ 2. The calculation t	o determine if a presur	nption of abuse
Unite	d States Bank	ruptcy Court for the: Eastern District of	Pennsylvania			nade under <i>Chapter 7</i> i	Means Test
Cooo	numbor					icial Form 122A-2).	and of
(if knov	number					does not apply now be service but it could ap	
					Check if this is a	n amended filing	
Offi	cial Forr	n 122A - 1					
Cha	apter 7 S	Statement of Your Cur	rent Monthly	/ Inc	ome		12/19
a sepa numbe	rate sheet to the er (if known). If y y service, comp	ccurate as possible. If two married people a is form. Include the line number to which th you believe that you are exempted from a pr plete and file Statement of Exemption from F ate Your Current Monthly Income	e additional information resumption of abuse beca	applies ause yo	. On the top of any addi ou do not have primarily	tional pages, write your consumer debts or bec	name and case ause of qualifying
1.	What is your	marital and filing status? Check one on	ily.				
	-	d. Fill out Column A, lines 2-11.	•				
		d your spouse is filing with you. Fill ou			2-11.		
		d your spouse is NOT filing with you. In the same household and are not lega			Numno A and P. lines	0 11	
Fill	Living s penalty apart for	eparately or are legally separated. Fill of perjury that you and your spouse are lest reasons that do not include evading the monthly income that you received from all se	out Column A, lines 2-1 gally separated under n Means Test requiremen	1; do n ionbanl nts. 11	ot fill out Column B. B kruptcy law that applie U.S.C § 707(b)(7)(B).	y checking this box, yo s or that you and your s	spouse are living
ado	the income for	are filing on September 15, the 6-month period all 6 months and divide the total by 6. Fill in the the income from that property in one column or	result. Do not include any	income	amount more than once.	For example, if both spou	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross w	ages, salary, tips, bonuses, overtime, ons).	and commissions (bef	fore all	\$ 5,845.76	\$	
	<b>Alimony and</b> ( Column B is fil	maintenance payments. Do not include led in.	payments from a spous	se if	\$	\$	
	of you or you from an unmar and roommate filled in. Do no	rom any source which are regularly par r dependents, including child support. ried partner, members of your household s. Include regular contributions from a sp t include payments you listed on line 3.	Include regular contrib l, your dependents, par ouse only if Column B i	utions ents,	\$0.00	\$	
5.	Net income fr	om operating a business, profession,	or farm Debtor 1				
	Gross receints	(before all deductions)	\$ 0.00				
		necessary operating expenses	-\$ 0.00				
	•	come from a business, profession, or fari		here ->	\$ 0.00	\$	
	•	om rental and other real property	ф сору .	11010	<u> </u>	Ψ	
٥.		The same same rounds property	Debtor 1				
	Gross receipts	(before all deductions)	\$ 0.00				
	•	necessary operating expenses	-\$ 0.00				
	Net monthly in	come from rental or other real property	\$ <u>0.00</u> Copy I	here ->	\$ 0.00	\$	
7.	Interest, divid	ends, and royalties			\$ 0.00	\$	

Official Form 122A-1

Case 25-10454-amc Doc 4 Filed 02/03/25 Entered 02/03/25 15:38:52 Desc Main

		w David Johnston						
					Colum Debto		Column B Debtor 2 o	
Une	employn	nent compensation			\$	0.00	\$	
the	Social S	r the amount if you contend that ecurity Act. Instead, list it here:			under			
F	or you		\$	0.0	0_			
F	or your	spouse	\$		_			
ben not Star or d und exc	nefit under include a tes Governed tes Governed tes descripted the seed the	retirement income. Do not inclient the Social Security Act. Also, early compensation, pension, pay, ernment in connection with a disa a member of the uniformed servier 61 of title 10, then include tha amount of retired pay to which yorovision of title 10 other than cha	except as stated ir, annuity, or allowability, combat-relaces. If you receive the pay only to the eou would otherwis	n the next senten ance paid by the ated injury or disa ed any retired pay extent that it does se be entitled if re	ce, do United ability, / paid not	0.00	\$	
Do as a terr	ome from not include a victim of orism; or tes Gove death of a	m all other sources not listed a de any benefits received under the farward and a decived under the farward and a decived under the compensation pension, pay, are the farward and the connection with a disa member of the uniformed servinge and put the total below	above. Specify the Social Security umanity, or internationally, or allowand ability, combat-relations.	ne source and am Act; payments re ational or domes be paid by the Ur ated injury or disa	ceived iic ited ability,	3.33	-	
	·				\$	0.00	\$	
					_ \$	0.00	\$	
	Tot	al amounts from separate pages	s, if any.		+ \$	0.00	\$	
		our total current monthly inco n. Then add the total for Column			\$ 5,845.	<u>76                                    </u>		Total current month income
2:	Dete	rmine Whether the Means Tes	t Applies to You					
Cal	culate y	our current monthly income fo	or the year. Follow	w these steps:				
12a	а. Сору у	our total current monthly income	e from line 11			Copy line 11	here=>	\$\$,845.76
								<b>x</b> 12
	Multiply	y by 12 (the number of months ir	n a year)					
		y by 12 (the number of months ir sult is your annual income for thi	• ,				121	\$ <b>70,149.12</b>
12b	o. The res		is part of the form	ollow these steps	::		121	\$\$
12b	o. The res	sult is your annual income for thi	is part of the form	ollow these steps	:		12t	b. \$ <b>70,149.12</b>
12b <b>Cal</b> Fill	culate the in the sta	sult is your annual income for thi	applies to you. F		:		12ե	b. \$ 70,149.12
12b Cal Fill Fill Fill Tot	in the nuint the mo	sult is your annual income for thine median family income that a	applies to you. Follows.	PA  1 seholdusing the link spi			13.	
12b Cal Fill Fill To this	o. The residual culate the state of the stat	sult is your annual income for thing the median family income that a sate in which you live.  Imber of people in your househout the same family income for your state of applicable median income ar	applies to you. Follows.	PA  1 seholdusing the link spi			13.	
12b Cal Fill Fill To 1 this Hov	culate the state of the state o	sult is your annual income for this sult is your annual income for this are median family income that are in which you live.  Imber of people in your househout of applicable median income are in a family income are in a list may also be available at the lines compare?  Line 12b is less than or equal to Go to Part 3. Do NOT fill out or	applies to you. For the and size of house the bankruptcy clear to file Official Form	PA  1 seholdusing the link sprk's office.  pp of page 1, chell 122A-2.	ecified in the s	eparate instruc	13. itions for nption of abus	\$65,737.00
12b Cal Fill Fill To this Hove	in the station the modified a list form. The w do the a.	sult is your annual income for this are median family income that are in which you live.  Imber of people in your househout and family income for your state of applicable median income are are list may also be available at the lines compare?  Line 12b is less than or equal to	applies to you. For the and size of house the bankruptcy clear to file Official Form to the top of page	PA  1 seholdusing the link sprk's office.  pp of page 1, chell 122A-2.	ecified in the s	eparate instruc	13. itions for nption of abus	\$65,737.00

Andrew David Johnston

Signature of Debtor 1

Date February 3, 2025

Debtor 1	Andrew David Johnston	Case number (if known)		
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.			

Case 25-10454-amc Doc 4 Filed 02/03/25 Entered 02/03/25 15:38:52 Desc Main Document Page 4 of 5

Debtor 1 Andrew David Johnston Case number (if known)

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period 08/01/2024 to 01/31/2025.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: New Albertsons L.P.

Constant income of \$5,845.76 per month.\*

Case 25-10454-amc Doc 4 Filed 02/03/25 Entered 02/03/25 15:38:52 Desc Main Document Page 5 of 5

Debtor 1 Andrew David Johnston Case number (if known)

\*Paycheck Details:

New Albertsons L.P.

Date	Earnings	Overtime	Taxes	Other	Net Check
Salary X6	5,845.76	0.00	1,477.66	141.15	4,226.95
Totals:	5,845.76	0.00	1,477.66	141.15	4,226.95